

## THREAT, OUTBREAK OR EXPOSURE SUMMARY

**TOE #:** 627650

“Threat” without a local outbreak or exposure

### **Description of Event Prompting Team to Meet:**

The anthrax cases and anthrax letters in Florida, New York, and Washington, D.C. created widespread concern throughout the U.S. Locally, HHS experienced an increased volume of calls related to anthrax and bioterrorism concerns.

The immediate precipitating event for a TOE meeting was a phone call from a Lummi Island resident who was referred to HHS by the FBI and EMS. Law enforcement had collected samples of white powder from an envelope mailed to the caller’s home. He called us for further advice about chemoprophylaxis.

### **Date Incident Began:**

October 17, 2001

### **Date Incident Declared Finished:**

January 1, 2002

### **Case Definition:**

The operative words were “credible threat” as defined by law enforcement. Characteristics of a credible threat are multiple, and discussions of this term can be found in materials in the outbreak notebook.

CDC developed a case definition for inhalational anthrax. See MMWR articles.

### **Overview:**

The initial call found us unprepared to answer questions. We knew little about the State Public Health Lab’s procedures for testing non-biologic specimens, interpreting the results, and providing advice about “decontaminating” a site. This was our first experience working out the until-then theoretical lines of communication among law enforcement, emergency responders, and public health. We looked to DOH and CDC for specific anthrax information to share with local providers, and to guide our recommendations for the public. DOH and CDC, however, were over-extended as we were, so information we needed wasn’t immediately available.

Within a few days, we began to get specific clinical information we could distribute to local health care providers, including labs. We spent the next few weeks answering calls from the public, clarifying roles with EMS and law enforcement, educating health care providers and ourselves, and absorbing the tremendous amount of information eventually available.

Calls tapered off locally when no new cases were identified anywhere in the U.S. Our most concentrated efforts ended by early December.

### **Interventions:**

Facilitated testing and reporting of the results of non-biologic specimens testing.

Clarified roles/procedures with EMS, law enforcement.

Multiple provider faxes and mailings about anthrax and other bioterrorism agents.

Joint press conference with EMS, law enforcement.

Increased staffing in CD (bioterrorism activities occurred at the same time CD/TB program staff were dealing with contact follow-up of an active TB case in the jail, and an outbreak of hepatitis B in IDUs). Oriented another PHN to TOE activities, and “borrowed” a PHN from STD/HIV to work an additional 3 days per week in CD.

### **Conclusions / Recommendations**

HHS has minimal “surge capacity” to deal with outbreaks.

ACTION: Increase the number of HHS staff who have general knowledge about bioterrorism and who could help during a similar “threat” in the future.  
Orient an additional PHN to CD investigation in early 2002.  
Community Health Division Manager will propose other strategies to improve this capacity.

HHS’s emergency preparedness plan needs more work.

ACTION: Don Vesper will be in charge of developing the plan.

Coordination with law enforcement and emergency management could improve.

ACTION: See #2. Schedule tabletop exercise from DOH to help identify areas of strength and weakness in our disaster preparedness.

Health care providers and health departments need specific information about diagnosis, treatment, and prevention of diseases caused by bioterrorism agents.

ACTION: Gather and disseminate information to the health care community (for example, CDC satellite broadcasts, written materials, protocols) before the next event.

See notebook in CD supervisor office for additional reference material about anthrax. Later in 2002 the notebook will be filed with other TOE files in the administration office.